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Attention: Certificate of Correction Branch, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: 12/23/08 Signature: Valerie J. Sarosky
(Valerie J. Sarosky)

Docket No.: ZIPH-009-102
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Letters Patent of:
Nickel et al.

Patent No.: 7,452,910

Issued: November 18, 2008

For: INDOLYL-3-GLYOXYLIC ACID
DERIVATIVES HAVING
THERAPEUTICALLY VALUABLE
PROPERTIES

**Certificate
of Correction**
DEC 30 2008

**REQUEST FOR CERTIFICATE OF CORRECTION
PURSUANT TO 37 CFR 1.323**

Attention: Certificate of Correction Branch
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Madam:

Upon reviewing the above-identified patent, Patentee noted a typographical error which should be corrected.

In the Claims:

In claim 12, column 10, line 43, please replace "aphysiologically" with --a physiologically--.

The error was found in the application as filed by applicant. Please charge our Deposit Account No. 18-1945 in the amount of \$100.00 covering the fee set forth in 37 CFR 1.20(a).

The error now sought to be corrected is an inadvertent typographical error the correction of which does not involve new matter or require reexamination.

12/29/2008 ETECLE1 00000009 181945 7452910
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2009		Complete if Known	
		Application Number	Patent#: 7,452,910
		Filing Date	Issued: November 18, 2008
		First Named Inventor	Bernd Nickel
		Examiner Name	J. D. Anderson
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1614
TOTAL AMOUNT OF PAYMENT		(\$)	100.00
		Attorney Docket No.	ZIPH-009-102

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 18-1945
Deposit Account Name: Ropes & Gray LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	
2. EXCESS CLAIM FEES							
						Fee (\$)	Small Entity Fee (\$)
Fee Description							
Each claim over 20 (including Reissues)						52	26
Each independent claim over 3 (including Reissues)						220	110
Multiple dependent claims						390	195
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
- or HP =		x	=		Fee (\$)	Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
- or HP =		x	=				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
- 100 =	/50 =	(round up to a whole number) x	=				
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1811 Certificate of correction							100.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	56,346
Name (Print/Type)	Mayra Escobar, J.D., Ph.D.	Telephone	(617) 951-7173
		Date	December 23, 2008

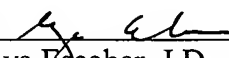
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Dated: 12/23/08	Signature: (Valerie J. Sarosky)

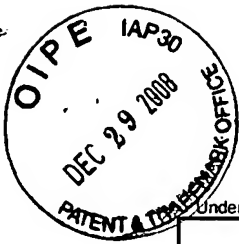
Transmitted herewith is a proposed Certificate of Correction effecting such amendment.
Patentee respectfully solicits the granting of the requested Certificate of Correction.

The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 18-1945, under Order No. ZIPH-009-102.

Dated: December 23, 2008

Respectfully submitted,

By 
Maya Escobar, J.D., Ph.D.
Registration No.: 56,346
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Attorneys/Agents For Applicant



Application No. (if known): 10/686,809

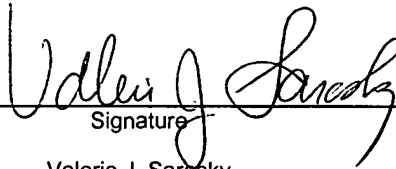
Attorney Docket No.: ZIPH-009-102

Certificate of Mailing under 37 CFR 1.8

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on December 23, 2008
Date



Signature

Valerie J. Sarosky

Typed or printed name of person signing Certificate

Registration Number, if applicable

(617) 854-2087
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal (1 page)
Request for Certificate of Correction (Fee Required) (2 pages)
Certificate of Correction (1 page)
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**UNITED STATES PATENT AND TRADEMARK OFFICE
CERTIFICATE OF CORRECTION**Page 1 of 1

PATENT NO. : 7,452,910
APPLICATION NO. : 10/686,809
ISSUE DATE : November 18, 2008
INVENTOR(S) : Nickel et al.

It is certified that an error appears or errors appear in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

In claim 12, column 10, line 43, please replace "aphysiologically" with --a physiologically--.

MAILING ADDRESS OF SENDER (Please do not use customer number below):

Maya Escobar, J.D., Ph.D.

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